

Barker Care Limited

Lavender Villa

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lavender Villa provides nursing and personal care for up to 40 people who require functional mental health care. At the time of our inspection there were 35 people using the service.

Lavender villa is a purpose build single story building set within the Grosvenor Villas complex of care services. People have their own bedrooms and can access a variety of communal areas including living, dining and outside areas and adapted bathrooms.

People's experience of using this service and what we found

Systems for checking the safety of care were not always robust and did not identify some of the shortfalls we found at this inspection. The management and staff team were keen to drive improvement within the home and people spoke positively about how they were supported to achieve good outcomes. The service was in the process of restructuring the management team and some recruitment in this area was ongoing.

People were happy with how they were supported with their medicines. However, records did not always contain enough detail about how staff should support people who required their medicines to be given covertly or had medicines prescribed that they needed occasionally. We made a recommendation that the provider review best practice guidance to ensure people are safely supported to take their medicines. Staff were safely recruited and generally there were enough staff to meet people's needs. The service completed relevant risk assessments and staff knew how to reduce these risks as much as possible and relevant records were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were in place, although the quality of records varied. People spoke positively about how they were supported, and staff had received a variety of relevant training and spoke positively about the induction process. People were supported to access health care services as needed. People enjoyed their meals and could choose what they wanted to eat.

Staff were kind and caring and knew people well. People's privacy and dignity was respected. People were encouraged to remain independent where possible and supported to make decisions for themselves.

People and relatives were involved in developing care plans. People were supported to access a range of activities both within the service and in the community. People felt able to raise concerns, and where complaints had been made these were investigated. People's end of life care needs were considered and staff were able to complete training in this area.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 30 April 2020) and there were a number of breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made but the provider was still in breach of one regulation.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified a continued breach in relation to the robustness of the systems of checks and audits at this inspection. We found no evidence during this inspection that people had come to harm from this concern and the provider took quick action to address any shortfalls we identified. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lavender Villa

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lavender Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. They had a manager who was registering for one regulated activity (Accommodation for Persons who require Nursing or Personal Care) and were in the process of recruiting a manager for the other regulated activity (Treatment of Disease, Disorder and Injury). The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected. This included

information from the service about events they are required to tell us about and information received from people who had shared their experience of care with us. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service about their experience of the care provided. We spoke with 13 members of staff including the area director, compliance officer, clinical lead, nurses, care workers, auxiliary workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three relatives to gain their views on how their family members were supported at Lavender Villa either on the telephone or during our site visit. We observed how people were being supported during the day and walked around the service to ensure it was clean and a safe place for people to live.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and other supporting information provided by the service. We attempted to contact other professionals, staff and families for additional feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found that safe recruitment processes were not followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Suitable recruitment processes were in place and being followed. Recruitment was being managed centrally, and systems to check authenticity of records including reference and qualifications were in place. These were not always clearly documented within individual recruitment records and we discussed this further with the provider.
- Concerns regarding staff performance were addressed. Where concerns were raised these were investigated and appropriate action taken to address any concerns or shortfalls in staff behaviour.
- There were enough staff to meet the needs of people. We noted occasions where the skill mix had not been balanced due to agency staff, but these were generally exceptional circumstances and measures were in place to reduce these incidents as much as possible.
- Feedback from people and staff was that there was generally enough staff. One person told us, "There is now always enough staff. . .when I do call them, they are quick." Staff told us, "I've been here a long time and it's better now. We are not short staffed as much. We do use agency but we have the same agency staff now which is much better for the residents for continuity and relationships."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that systems in place were not robust enough to demonstrate that safety was effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had individual risk assessments and care plans which told staff how to manage these risks. This

included moving and handling assessments and falls risk assessments and risks were being reviewed regularly.

- Staff had completed moving and handling training and we observed correct moving and handling techniques were being followed. We noted one example where staff had not adapted their approach in line with the flexible care plan for a person who was struggling with their mobility that day. We discussed this with the nurse in charge on the day who addressed this with staff.
- Emergency evacuation plans were in place. Staff had an overview of how to support a person in an emergency, both during the day and at night, and processes were in place to record specific requirements.
- Safeguarding incidents were investigated, and steps taken to reduce risk where possible. Staff had completed training in this area and appropriate policies and procedures were in place.

Using medicines safely

- People told us they were supported to take their medicines safely. One person told us, "I get tablets twice a day. They usually tell me what they are for and I get my tablets on time." We observed that staff were kind and supportive when helping people to take their medicine.
- Records did not always contain enough detail about how to support people with covert medicines. This is when medicines are administered in a disguised format, for example hidden in food. There was not always sufficient detail to ensure medicines were assessed as safe to be administered covertly and how staff should give and monitor people taking these medicines.
- Records for medicines and creams that people need 'as and when', such as paracetamol for pain, did not always contain enough detail to guide staff. Charts for creams did not always include detail about when and how to use these or body maps to indicate where a cream should be used. Records of use were not being consistently maintained.

We recommend the provider review best practice guidance to ensure people are being supported with their medicines in line with evidence-based practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Systems were in place to learn from accidents, incidents and safeguarding concerns. We saw that these were investigated, and action taken to reduce future risk.
- Staff were committed to learning from when things went wrong to make the service as safe as possible. We found staff and management all engaged with the inspection and took onboard feedback given.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we found a lack of robust record keeping placed people at risk of receiving ineffective care and support to meet their needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is discussed further in the well-led section of this report.

- People had their needs assessed and staff had a good understanding on how to care for people in line with their preferences. One person told us, "Staff know me and my needs." Another person said, "I feel safe when staff help."
- People had care plans to guide staff in how to meet their needs. The quality and detail within care plans varied. Some people had detailed personalised plans and others contained less detail or were difficult to follow due to handwritten amendments.
- The provider was in the process of implementing an electronic care record system which would remedy any shortfalls identified. We reviewed one care plan that had already been inputted on to the system. We will review this further at the next inspection.

Staff support: induction, training, skills and experience

- Staff spoke positively about the training and support they received in their role. One staff member told us, "The induction was good. Staff have been very supportive and helped me integrate [to a new working environment]."
- Staff completed relevant training and their had their competency assessed. People told us they felt staff were well trained and one person said, "I certainly do think the staff know what they are doing. They are very good."

Supporting people to eat and drink enough to maintain a balanced diet

- Kitchen staff understood people's specific dietary needs. Where people had specific dietary requirements, such as requiring a softer diet due to swallowing difficulties, professional assessment and advice was sought. This was implemented and incorporated into the person's care records. We spoke to the provider about ensuring that any changes were recorded in all relevant sections of the care plan. The new electronic records will provide staff with easy access to information about people's needs.
- People spoke positively about the quality of food and we saw people were enjoying their meals. One person commented, "The meals are gorgeous and beautifully cooked."

- People were provided with choice at meal times. One person commented "I'm a fussy eater and I get what I want." Another person told us, "The food is very very nice. You can order and then if you don't like it you can change your mind."
- Staff helped people who needed additional support with eating and drinking with kindness and patience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access healthcare professionals as needed. One person said, "If I want to see a dentist or an optician, they will arrange it for me. They check on my mouth and clean my teeth at night." Another person told us, "They will get a doctor if needed."
- Records demonstrated staff worked closely with other organisations. Advice and guidance from other healthcare services was obtained as needed and incorporated into people's care records.

Adapting service, design, decoration to meet people's needs

- The service was tidy and spacious for people. Rooms, such as bathrooms were adapted to make them accessible to individuals with a variety of needs. Some areas of the service were grubby and in need of updated decor. The provider had identified this issue through their auditing process and were taking steps to address this.
- People were able to access outside space and a shelter for people who smoked was in place. The service had incorporated an electric outdoor lighter and ashtrays in the shelter to support people with independence whilst reducing potential risk.
- People were supported to decorate their bedrooms to reflect their personal tastes. Bedrooms were very personalised, and we saw people brought a variety of furnishing into the service to decorate their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were subject to restrictions on their liberty, appropriate applications had been made for DoLS. Information about restrictions, and any conditions the DoLS were subject to, were noted within care records.
- People had their capacity to make decisions for themselves assessed by the service. Where people were unable to make decisions for themselves, best interest decisions were made involving the relevant people. People were encouraged to make decisions about their daily lives where possible and staff would obtain consent before supporting a person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were treated well by staff. One person commented, "Staff treat me as an individual and with respect."
- We observed people looked well cared for and those who were not able to communicate with us looked content in the presence of staff. People and families told us staff were kind and caring. One person said, "It is lovely here, the staff are nice. I am really happy." A relative commented, "They [staff] do a difficult job and they do it well. I can't fault them."

Supporting people to express their views and be involved in making decisions about their care

- People and families told us they were supported to make decisions about their care. One person told us, "They asked me what I like." Another commented, "Even if you wake up at two in the morning you can get what you want."
- People, families and professionals were involved in care plans. Advocacy support was sought for those who needed someone to advocate on their behalf. We spoke to the provider about how to ensure that people's views were captured in detail with in the records as this was not always clearly documented.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was respected. One person commented, "Staff always shut the door and curtains when I am getting changed." We observed staff would knock before going into a person's bedroom and were discrete when supporting and encouraging people in communal areas.
- Independence was promoted with people. Where people were able, they were encouraged to come and go for cigarettes in the garden and supported to access the community. We saw one person attended regular exercise groups in the community and others would go out for walks, shopping trips and to meet friends and family.
- People were encouraged to complete daily living activities. One person told us, "I clean my room. I use my key [to my bedroom], it's like having your own home." Care plans documented what people needed assistance with and we observed many people were independent with aspects of personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found that people were not always receiving care and support that was responsive and personalised specifically for them. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People told us they received care in line with their preferences and were involved in decision making when appropriate. One person told us, "We've had big conversations about my care plan." A relative told us, "We get involved in the care plan."
- Staff were clear about people's needs and preference and had accessed the care planning documents. One member of staff told us, "Care plans are comprehensive and easy to follow."
- Care plans were written respectfully and contained personalised information. We noted some care plans were more detailed, person-centred and easy to follow than others. The provider was in the process of introducing an electronic care planning system which will have a positive impact on care planning and record keeping within Lavender Villa. This will be reviewed at the next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and this was documented within care plans. We observed staff took time to communicate and support people in a respectful and dignified manner.
- The provider was able to adapt information to a variety of formats to meet people's communication needs which included translation and pictorial adaptations. The area manager advised they would seek specialist advice to ensure they could meet people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to participate in cultural and religious activities. One person told us, "There are

some religious services here. I've seen a vicar around once or twice." Care plans reflected people's culture and beliefs and people were supported to personalise bedrooms to reflect this if they wished.

- People were supported to engage in activities by an activity coordinator and care staff. People commented on how positive these activities were and one person told us, "My social life has never been as good as this since I've been at school. It's a splendid place to live; the staff are lovely and everyone else is too."

Improving care quality in response to complaints or concerns

- People told us they felt able to raise concerns and make suggestions. Feedback and surveys were obtained from people on a regular basis and the most recent survey had seen primarily positive results. One person told us, "They have had residents' meetings and send me questionnaires at times."

- There were policies in place to ensure people knew how to raise concerns. When complaints had been made these were investigated and responses given.

End of life care and support

- One person was receiving end of life care and the relevant records were in place. This included anticipatory medicines that the person may need to stay comfortable and an advanced care plan. We discussed with the provider how to ensure staff knowledge about the person and their preferences is captured in care records when people do not want to discuss this aspect of care.

- End of life training was available for staff to complete via the electronic learning platform.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we found a lack of management oversight and robust governance placed people at risk of harm and meant that they did not always receive high-quality, effective person-centred care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Records did not always effectively demonstrate that people were being safely supported, in line with their assessed needs and best practice guidance. For example, in relation to the management of covert medicines. The provider took immediate action to address the shortfalls, however systems of checks and audits were not robust enough to have identified some of these issues.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the quality and safety of the service and mitigate risk were not always effective in identifying and addressing shortfalls. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection.

- People and relatives spoke positively about how the service was run and the support they received. A relative noted, "There has been a big change since [family member] came here. They were in a bad state. I give staff all credit for that, getting them better."
- People, relatives and staff all told us they felt able to raise concerns and make suggestions. One person told us, "It's very well run. If there was anything I would say. I'm really happy." A staff member commented, "You can ask for help and share knowledge with the team."

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; Working in partnership with others

- The service was going through the process of a management restructure at the time of this inspection. A home manager was in place who was in the process of registering with the CQC for one regulated activity. The provider was in the process of recruiting a manager for Lavender Villa who would register with the CQC for the other regulated activity.
- A compliance officer completed regular checks and audits of the service. Records demonstrated some issues were being identified and any shortfalls were addressed with staff as needed. We noted some audits did not cover all relevant areas and discussed this.
- Staff spoke positively about how they were supported and worked together. One member of staff said, "The managers are all supportive and give advice. We are like a big family." Another commented, "I get lots of support from the company."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents, incidents, safeguardings and complaints were investigated, and responses given. We saw that an apology would be offered when needed.
- The management team were aware of the need to inform CQC about certain types of events and were submitting such notifications when needed.

Continuous learning and improving care

- The provider was committed to driving improvement within the service. We found the provider was responsive to feedback and took quick action to address any shortfalls we highlighted during the inspection.
- Following the last inspection, the provider had made a number of changes in the management structure at the service and was developing new systems such as electronic care planning within the home. The impact and potential benefits will be reviewed at our next inspection to ensure the service continues its plan of improvements and that these are effective and embedded within the organisation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	1, 2 (a) (b) (c), Systems to assess, monitor and improve the quality and safety of the service and mitigate risk were not always effective in identifying and addressing shortfalls.